

INSTRUCTIONS: Complete three copies. Retain one copy for your files. Submit original and one copy no later than the 15th of the month following the month covered by the claim to:

WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION ATTN: ANGIE MOEN FEDERAL AIDS AND AUDIT SECTION P.O. BOX 7841 MADISON, WI 53707-7841

Agreement No.	Month		ear	Claims submitted more than 60 days after the end of the claiming month cannot be paid unless a spec exemption is granted by the USDA.								
Sponsoring Agency Ad		ddress Street, City, State, ZIP							Telephor	Telephone Area/No.		
	IILD AND ADULT CARE FOOD PROGRAM ENROLLMENT DATA											
1. Non-needy Category 2. Redu		2. Reduced Categ	gory		3. Free Category			4. Total Enrollm			ment	
II. PARTICIPATION DATA												
Nonpo		Nonprofit or F	Nonprofit or Public Centers		For Profit		Outside School Hours Cente		Centers	rs Head Start Centers		
5. Number of Sites*												
6. Number of Days of Service												
7. Average Daily Attendance												
		Breakfasts	AM Snacks	i L	unches**	PM Sn	nacks	Suppers**		ditional Snacl	k Total	
8. No. of Meals Served to Children												
DPI Use Only				III. Ci				ERTIFICATION				
Meal Reimbursement  Commodity  TOTAL >>			I CERTIFY, to the best of my knowledge, both sides of this claim are true and correct in all respects; that records are available to support this claim; that it is in accordance with the terms of existing agreements(s); and that payment, therefore, has not been received.									
Voucher Number Date of Check		Signature of Authorized Representative				Tit	Title			Date		

Collection of this information is a requirement of PL 95-627.

<sup>\*</sup> If two ore more sites are operated, complete page 2.
\*\* Cash in lieu of commodities will be paid on these meals.

PI-1489

## IV. SITE PARTICIPATION SUMMARY To be completed only if two or more sites serve meals. Number of Meals Served to Children Non-needy Reduced Price Name and Address of each Site Total Type Include only approved CACFP sites No. of No. Of Average (per PI-1487). Attach additional pages, as needed. of Daily РМ Site Enrolled Days AM Additional Site1 No. Children of Service Attendance **Breakfasts** Snacks Lunches Snacks Suppers Snacks

То

Line

То

Line

То

Line

**TOTALS** 

Transfer totals for each column to

page 1 as indicated.

To

Line 4

Line 8

Line 8

Line 8

Line 7

Line 8

Line 8

Line 8

<sup>&</sup>lt;sup>1</sup>Enter type of site by code designation: